

# Work Order ID 98046

\*98046\*

Page 1

March 5, 2013 8:06:48 AM

Item ID: D3305-1 Accept \*N9000040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Cushion  
 Start Date: 3/05/13 Start Qty: 12.00 \*12\* Cust Item ID:  
 Required Date: 3/15/13 Req'd Qty: 12.00 \*12\* Customer:  
 Reference:

Approvals: Process Plan: CL Date: 13/03/05 Tooling: Date: Run Start \*NR1\*  
 Date: SPC (Y/N): Date: Stop \*NP2\*

Work Center ID	Description	Rate Hours	Qty	Number	Map
Draw Nbr	Revision Nbr				
D3305	Rev B				

100 PURCHASING 0.00  
 \*100\*  
 Purchasing Memo 0.00  
 Purchasing Issue P/O: 19247 Manufacture as per Dwg D3305 Possible  
 Supplier: Aerotex Interiors Material release note is required

CL 13/03/05 12

110 Receive & Inspect for Damage & Mat'l Certs 0.00  
 \*110\*  
 Packaging Memo 0.00  
 Packaging Ensure Material Release Note is attached

13/3/16 (12)

120 QC6- Inspect dimensions to drawing 0.00  
 \*120\*  
 QC Memo 0.00  
 Quality Control

27  
13416

12

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY									
<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> <b>Landing Gear</b>  <input type="checkbox"/> Bending  <input type="checkbox"/> Centre Not Concentric to O/S  <input type="checkbox"/> Cracks  <input type="checkbox"/> Crushed/Crimped  <input type="checkbox"/> Cuffs  <input type="checkbox"/> Heat Treat  <input type="checkbox"/> Inspection Strip in Tube  <input type="checkbox"/> Ripples in Bend  <input type="checkbox"/> Torque Waves in Extrusion  <input type="checkbox"/> Turning Sequence  <input type="checkbox"/> Wave/Twist in Tube         </div> <div style="width: 25%;"> <b>General</b>  <input type="checkbox"/> Bend  <input type="checkbox"/> BOM/Route  <input type="checkbox"/> Broken/Damaged  <input type="checkbox"/> Burrs  <input type="checkbox"/> Contamination  <input type="checkbox"/> Countersink  <input type="checkbox"/> Cut Too Short  <input type="checkbox"/> Drill Holes  <input type="checkbox"/> Drawing  <input type="checkbox"/> Finish  <input type="checkbox"/> Folio         </div> <div style="width: 25%;"> <input type="checkbox"/> Grain  <input type="checkbox"/> Hardware  <input type="checkbox"/> Inspection Incomplete  <input type="checkbox"/> Instructions Incomplete/Unclear  <input type="checkbox"/> Maintenance  <input type="checkbox"/> Mislabeled  <input type="checkbox"/> Misread  <input type="checkbox"/> Offset  <input type="checkbox"/> Out of Calibration  <input type="checkbox"/> Out of Sequence  <input type="checkbox"/> Outside Dimensions         </div> <div style="width: 25%;"> <input type="checkbox"/> Ovalized  <input type="checkbox"/> Over/Under tolerance  <input type="checkbox"/> Part Incorrect  <input type="checkbox"/> Part Lost/Missing  <input type="checkbox"/> Part Moved  <input type="checkbox"/> Positioned Wrong  <input type="checkbox"/> Power Loss/Surge    <input type="checkbox"/> Pressure/Forced  <input type="checkbox"/> Temperature/Cure  <input type="checkbox"/> Weld  <input type="checkbox"/> Wrong Stock Pulled    <input type="checkbox"/> Other         </div> </div>									

**Work Order ID 98046****\*98046\***

Page 2

March 5, 2013 8:06:48 AM

Item ID: D3305-1

Accept

**\*N9000040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Cushion

Start Date: 3/05/13 Start Qty: 12.00

**\*12\***

Cust Item ID:

Required Date: 3/15/13 Req'd Qty: 12.00

**\*12\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	Identify as per dwg & Stock Location.	0.00							
<b>*130*</b>									
Packaging	Memo	0.00							
Packaging									
140	QC21- Final Inspection - Work Order Release	0.00							
<b>*140*</b>									
QC	Memo	0.00							
Quality Control									

12x 13-4-16

13/4/17

pl 13-04-17

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </td> <td style="width: 33%;">           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </td> <td style="width: 33%;">           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </td> <td style="width: 33%;">           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </td> </tr> </table>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>
Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		
<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

# Picklist Print

March 5, 2013 8:06:47 AM

Page 1

Work Order ID: 98046

Parent Item: D3305-1

Parent Item Name: Cushion

Start Date: 3/05/13

Required Date: 3/15/13

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP: A04.09.07New issue KJ/JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3305-1P Cushion		Purchased	No			110	Each	0.0000	1	12			

43/4/16 (12)

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

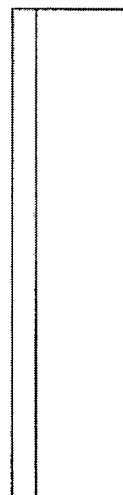
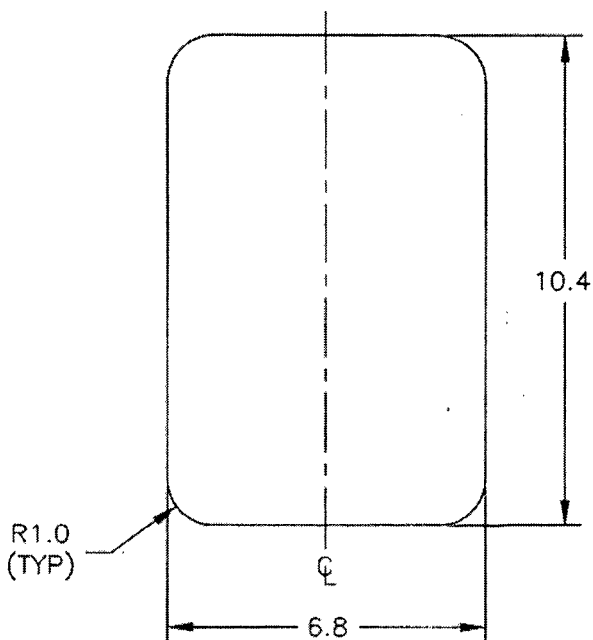
Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>				
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data <input type="checkbox"/>										
Equip/Tooling <input type="checkbox"/>										
Operator <input type="checkbox"/>										
Material <input type="checkbox"/>										
Setup <input type="checkbox"/>										
Other <input type="checkbox"/>										
Process <input type="checkbox"/>										
Supplier <input type="checkbox"/>										
Training <input type="checkbox"/>										
Unapproved <input type="checkbox"/>										

FAULT CATEGORY			
<b>Landing Gear</b>  <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b>  <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other

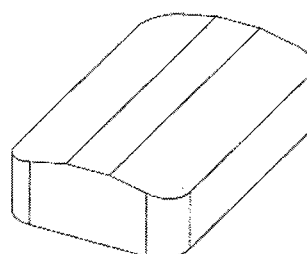
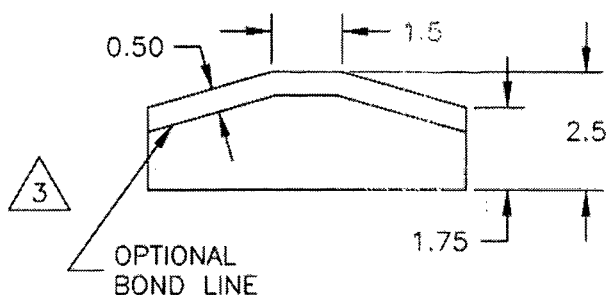


DESIGN RT	DRAWN BY RT	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED #	APPROVED #	DRAWING NO. D3305	REV. B SHEET 1 OF 1
DATE 04.10.14		TITLE CUSHION	SCALE NTS
A	04.08.18	NEW ISSUE	
B	04.10.14	ADD BONDING SPEC.	

RELEASED  
04.10.15 #



CL13/03/05  
W10.98046



**D3305-1**

**D3305-1 NOTES:**

- 1) POSSIBLE SUPPLIER: AEROTEX INTERIORS INC.
- 2) MATERIAL: SKANDIA HR150 POLYFOAM (4.6 LBS/CU FT) TO MEET THE BURN TEST REQUIREMENTS OF FAR 29.853a2
- 3) CUSHION MAY BE ASSEMBLED BY BONDING A 0.5" PIECE OF FOAM TO A 2.0" PIECE OF FOAM AS SHOWN ABOVE USING 3M 1300 ADHESIVE (0.002" TO 0.010" THICK) I.A.W. MANUFACTURER'S INSTRUCTIONS
- 4) PART IS SYMMETRIC ABOUT CENTERLINE
- 5) ALL DIMENSIONS ARE IN INCHES
- 6) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED

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NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset	<input type="checkbox"/> Pressure/Forced
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration	<input type="checkbox"/> Temperature/Cure
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Weld
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Wrong Stock Pulled
			<input type="checkbox"/> Other





Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO19247

Purchase Order Date 3/05/13

PO Print Date 3/05/13

Page Number 1 of 1

Order From :

VC-AER003

AEROTEX INTERIORS INC.  
2340 PEGASUS WAY NE  
UNIT 151  
CALGARY, AB T2E 8M5  
CA

Contact Name

Vendor Phone

403 295 8770

Vendor Fax

403 313 0793

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

CAD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**FAXED**  
02/30/13

Line Nbr	Reference Revision-ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	D3305-1P	Cushion	3/22/13 Yes	12.00 Each	FedEx PI collect	\$40.0000	\$480.00
<b>Special Inst:</b> AS PER DWG D3305 REV. B B98046							
2	D3306-041P	Cover Assembly	3/22/13 Yes	12.00 Each	FedEx PI collect	\$62.5000	\$750.00

**Special Inst:** AS PER DWG D3306 REV. B B98000

PO Total:

\$1,230.00

CERTIFICATE OF CONFORMITY  
REQ'D UPON DELIVERY

MATERIAL CERTIFICATION  
REQ'D UPON DELIVERY

Change Nbr: 1

Change Date: 3/05/13

No substitution or deviation without consent.

Certificate of Conformity or Material  
Certification required - YES NO



151-2340 Pegasus Way NE  
Calgary, AB T2E 8M5  
PH: 403.295.8770 FX: 403.313.0793  
EM: info@aerotex.ca WS: www.aerotex.ca

## Packing Slip

Date Packing Slip#

11/04/2013 13-0117

Ship: Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
CANADA

Bill: Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, Ontario K6A 1K7  
CANADA

Customer Phone  
613.632.5200

Customer Fax  
613.632.1053

Email: PURO ACCT 1-7684382

Ship Via  
FEDEX P1

Courier Acct No.  
151793240

Ship Date

P.O. No.

11/04/2013

PO19247

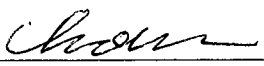
ID	Description	Part Number/Color	Back Order	Shipped	Qty
DART	HEAD REST CUSHION AS PER DWG. D3305	D3305-1P			12
DART	HEAD REST COVER WITH 3 VELCRO CLOSURE AS PER DWG D3306 GST On Sales	D3306-041P			12

Thank you for doing business with Aerotex Interiors!

GST/HST No. 139110308

"your one stop shop for all your aircraft interior needs"

www.aerotex.ca

1. Organization issuing certificate. <b>Aerotex Interiors Inc., #151-2340 Pegasus Way NE Calgary, AB T2E 8M5</b>		2.				3. Work Order / Contract / Invoice <b>13-0117</b>	
<b>CERTIFICATE OF CONFORMANCE</b>							
4. Customer Name/Address <b>DART Aerospace LTD 1270 Aberdeen Hawkesbury, ON K6A 1K7 CANADA</b>						5. Purchase Order <b>19247</b>	
6. Unit	7. Materials Used for Items	8. Specifications	9. Batch	10. Item	11. Part Number	12. Quantity	13. Status
1	FOAM – HR Polyurethane 150 ILD	HR 150	5033	HEAD REST CUSHION	D3305-1P	12	NEW
14. Remarks I certify that the materials supplied for the Purchase/Repair Order listed above conform to Aerotex Interiors's material/process specification and are in all respects in conformance with the contract requirements. I further certify that items have been fabricated to established specification to confirm with DWG. NO. D3305							
15. Signature 		16. Title <b>QC Manager</b>					
17. Name <b>Jack Poovong</b>		April 11, 2013					

